



MH:elb 08/03/04 4239-67284-01 297664.doc

PATENT

Attorney's Matter No. 4239-67284-01

**SUPPLEMENTAL DECLARATION  
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND KITS FOR DETERMINING RISK OF PRE-TERM DELIVERY, the specification of which was filed on November 13, 2003, as Application No. 10/713,791.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: Roberto Romero

Inventor's Signature

August 10/2004  
Date

Residence: Detroit, Michigan

Citizenship: U.S.A.

Post Office Address: c/o Hutzel Hospital  
4704 St. Antoine Blvd.  
Detroit, Michigan 48201

KMH:alb 08/03/04 4239-67284-01 297664.doc

PATENT  
Attorney's Matter No. 4239-67284-01

Full Name of Second Joint Inventor, if any: Irina Buhimschi

Inventor's Signature

Date

Residence: New Haven, Connecticut

Citizenship:

Post Office Address: c/o Yale University  
School of Medicine  
Department of Obstetrics, Gynecology and Reproductive Sciences  
333 Cedar Street, LCI 804  
New Haven, Connecticut 06510

Full Name of Third Joint Inventor, if any: Robert Christner

Inventor's Signature

Date

Residence: Albuquerque, New Mexico

Citizenship: U.S.A.

Post Office Address: c/o National Foundation for Functional Brain Imaging  
801 University Blvd., Suite 200  
Albuquerque, New Mexico 87106